



STATE OF COLORADO
APPLICATION – 2013
BOARDS AND COMMISSIONS
OFFICE OF GOVERNOR JOHN W. HICKENLOOPER

FOR OFFICE USE ONLY

DB _____

SLOT _____

Please attach a resume and fill ALL fields.

Please be advised that applications will not be processed if unsigned or resume is not attached and a board or commission is not specified.

BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING: (Only one per application, Your application will not be processed if left blank.)

Name (Last, First Middle) (Please Print)		County	Cong. District	Senate District	House District
Home Address		City	State		Zip Code
Mailing Address (if different from home address)		City	State		Zip Code
Date of Birth	Driver's License # SSN #	Gender	Registered Voter? <input type="checkbox"/> Y <input type="checkbox"/> N Party Affiliation? D <input type="checkbox"/> R <input type="checkbox"/> Un <input type="checkbox"/>	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Other _____	
Present Employer/Title		Business Phone # ()		Home Phone # ()	
		Cell Phone # ()		E-mail	
Business Address		City	State		Zip Code

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course of Study
High School					
College					
Graduate Studies -or- Trade/Business/Correspondence					
Memberships in Organizations And Offices Held (Indicate if Past or Present)					

REFERENCES (List three persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE #

Have you ever been a party to or the subject of or otherwise involved in any legal proceeding that might adversely affect your qualifications to serve on this board or commission? Is there anything in your background that might be an embarrassment to the Governor or you if it were to become public?

☐ YES ☐ NO (If YES, please explain in attachment to this application)

If appointed, you are expected to attend fully to the duties of the position. How much time are you capable of committing? _____

Please explain why you wish to serve on a board or commission. _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal and otherwise. I further authorize the Office of the Governor to conduct a criminal background check, including requesting a criminal history from the Colorado Bureau of Investigation. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

RETURN COMPLETED FORM TO: Romaine Pacheco, Director
Governor's Office of Boards and Commissions
136 State Capitol Bldg. Denver, CO 80203
Fax: 303.866.6368
boards@state.co.us

SIGNATURE _____ DATE _____